Application	or Docket	Numbe
· wppiication	OI POCKET	IAMILINE

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

		CLAIMS A	S FILED	- PART I	İ		SMA	LLE	NTITY.		OTHER	THAN
(Column 1) (Column 2)						TYPE			OR		ENTITY	
TOTAL CLAIMS		29				, R	ATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUME	MBER EXTRA		IC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			29 minus 20= .		* 9		X	9=	81.	OR	X\$18=	
INI	DEPENDENT C	LAIMS	4 m	minus 3 = *			X	13=	43	OR	X86=	
М	JLTIPLE DEPEI	NDENT CLAIM P	RESENT				+1	45=	(2	OR	+290=	
* If the difference in column 1 is less than zero, enter				"0" in (column 2	L_ TO	TAL	509	OR	TOTAL		
	C	LAIMS AS A	MENDE) - PARI	ΓII				1305)] •	OTHER	THAN
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SM	ALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	×\$	9=		OR	X\$18=	
AME	Independent	*	Minus	***	0. 4.44	-	X4	3=		OR	X86=	
	FIRST PRESE	ENTATION OF MI	JUIPLE DEI	PENDENT	CLAIM	<u></u>	+14	5=		OR	+290=	
				•				OTAL		OB	TOTAL	:
		(Column 1)		(Colum	 (3)	(Column 3)	ADDIT	FEE (ADDIT. FEE	1.
		CLAIMS		HIGHE		(Column 3)		_	ADDI			4881
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	7
AME	Independent	NTATION OF ML	Minus	***	0: 4:44	-	X4:	3=	,	OR	X86=	-
	FINST PRESE	NIATION OF MC	JLTIPLE DEP	ENDENT	CLAIM	لــــــــــــــــــــــــــــــــــــــ	+14	5=		OR	+290=	
							T(ADDIT.	OTAL		OR	TOTAL ADDIT, FEE	
	•	(Column 1)		(Colum	n 2)	(Column 3)	ADDIT.			•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER JSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$:)=		OR	X\$18=	
	Independent		Minus	***		=	X43	=		<u></u>	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM					OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+14	TAL		OR	+290= TOTAL	·
	labor "Llimboon al.,,	mbas Description Da				. 00		·~L		OR ,	IUIALI	
***	f-the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Paid	id For IN THIS	S SPACE is	less than	3, enter "3."	ADDIT.		العصب	, ,	DDIT. FEE L	